

**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Program Name:	Rotary/YMCA Teen Center	Date of Inspection:	3.5.25 2.43p	Time of Arrival:	2:43 pm
Address:	55 South elm st	License Number:	15891	Expiration Date:	4.30.29
Town:	Wallingford 06492	Telephone Number:	203-284-7448	Summer Care:	Closed
Operator:	YMCA of Wallingford Inc.	# of Staff Present:	3	# over 3 Present:	10
Email:	ewalter@wallingfordymca.org	Total Capacity:	25	Total Under 3 capacity:	0
Designated Director:	Emily Walter	Hours/Days of Operation:	2:30 - 6:00 pm		

Instruction Codes: N/A = Not applicable at this time ✓ = Regulation in Compliance O = Regulation not in Compliance

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

1. (c)(8) Local Health Inspection-Date: 11.13.23

ADMINISTRATION 19a-79-3a

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. POLICIES-COMplete/IMPLEMENTED
 - (d)(2)(A) Discipline policy
 - (d)(2)(B)-C) Child Protection policy
 - (d)(3) Closing time policy
 - (d)(4)(A) Medical emergency policy
 - (d)(4)(B) Multi-Hazards policy-annual drill
 - (d)(5) Supervision policy
 - (d)(6) General Operating policies
 - (d)(6)(C) Administrative Oversight policy
 - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. ACCESS
 - (f) Immediate access by parents
 - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds enrolled in preschool-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. POSTINGS
 - (e)(1) License posted
 - (e)(2) OEC Complaint Procedure posted
 - (e)(3) Menus posted
 - (e)(4) No Smoking posted signs at entrances
 - (e)(5) OEC Inspection report posted or available
 - (e)(6) Developmental Milestones posted

STAFFING and CONSULTANTS 19a-79-4a cont.

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27.
 - (d)(4)(A)
 - (d)(4)(B)
 - (d)(6)
- 28. (d)(4)(D)
- 29.
 - (d)(5)
 - (d)(5)(A)
 - (d)(5)(B)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33.
 - (a)(2)
 - (h)(1)(2)
 - (h)(1)(2)
- 34.
 - (4)(C)(ii-v)
 - (4)(C)(i)
 - (e)(6)
 - (e)(6)
- 35.
 - (i)(1)(A)-(D)
 - (i)
 - (i)(2)(A-H)
 - (F)
 - (i)(2)
 - (H)(i)-(I)(i)

Staff health records
Disciplinary actions
Comprehensive Background Checks
Evidence of compliance
Adequate staffing
Designated head teacher-approved-60%
Two staff present-age 18 or older
Personal qualities of staff

RATIOS
Ratio 1:10 - Indoors/Outdoors
Mixed age group-ratios
Nap time ratio
Supervision-Indoors/Outdoors

GROUP SIZE
Group Size-Indoors/Outdoors
Group Size-school age field trips/outdoors
Mixed age group-group size
Designated director-training
CPR certified program staff
First aid certified program staff

PROFESSIONAL DEVELOPMENT
Documentation
Health & Safety training
1% annual hours

SWIMMING ACTIVITIES - Y/N
Swimming-Ratios
Non-swimmers identified
CPR certified staff-age 20 or older
Lifeguard-certified-supervising

CONSULTANTS
Consultants-Education, Health, Social Service, Dietitian N/A
Consultant agreements-signed annually
Agreements complete w/required services
Consultant logs-documented activities, observations and required services
Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓ MC	✓	✓
Health	✓ MC	✓	✓
Soc. Serv.	✓ inc	✓	
Dietitian	N/A		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME Rotary / YMCA Teen Center LICENSE NUMBER 15891 DATE OF INSPECTION 3.5.25

RECORD KEEPING 19a-79-5

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. PARENT PERMISSIONS
 - (a)(1)(D)(i) Emergency medical permission
 - (a)(1)(D)(ii) Authorized release permission
 - (a)(1)(D)(iii) Field trip permission
 - (a)(1)(D)(iv) Transportation permission
- 38. (a)(2)(A-B) Child Health Records
- 39. (a)(2)(C) Immunization records
- 40. (a)(2)(E) Individual care plan-signed by parents/staff
- 41. (a)(3)(A) Injury, Illness, Incident, Accident reports
- 42. (a)(3)(B) Parent notification of illness or injury
- 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
- 44. (a)(3)(D) Notify DPH, local health-reportable diseases
- 45. (a)(4) Video recordings- keep 30 days

HEALTH and SAFETY 19a-79-6a

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection N/A
- 51. (a)(6) Kitchen-clean, safe storage of food/supplies
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (Schl age only N/A)
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- 60. (c) FIRST AID SUPPLIES-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
- 61. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 4.3.24
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A)
- (c)(5)(B) Lead Water Test - Date: 11-22-23
- (c)(5)(C) Bact./Chem Test-Date: N/A
- 70. (c)(6)(A) Drinking water available/accessible
- (c)(6)(B-D) LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results Lead identified
- (c)(6)(B-D) Lead Management Plan every 6 months
- 71. (d)(1) Emergency vehicle access

PHYSICAL PLANT 19a-79-7a cont.

- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 74. (d)(3) Window screens (Schl age only- N/A)
- 75. (d)(4) Glass and mirrors protected to 36"
- 76. (d)(5) Overhead doors-locking devices, spring protectors N/A
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
- 78. (d)(7) Individual storage of clothing/bedding
- 79. (d)(8) Smoking or vaping prohibited on premises/grounds
- 80. (d)(8) Matches/lighters inaccessible
- 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
- 82. TOILETING
 - (d)(10)(A) Shared toilets/sinks-supervision plan
 - (d)(10)(B) Toileting needs met
 - (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
 - (d)(10)(C) Required toilets/sinks-1:16
 - (d)(10)(D) Required toilets/sinks-1:25 schl age only
 - (d)(10)(E) Toileting Supplies-Hand drying-Garbage
 - (d)(10)(E) Handwashing staff/children
 - (d)(10)(F) Toilets/sinks located-at the facility or licensed premises
 - (d)(10)(G) Well lighted/ventilated toilet rooms
 - (d)(10)(H) Mechanical ventilation (Grp Homes N/A)
 - (d)(11) Staff personal articles inaccessible
- 83. AIR TEMPERATURE
 - (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
 - (e)(1) Air temp <65°F comfortable (Schl age only-N/A)
 - (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
 - (e)(3) Water temperature 60 °F - 120 °F
 - (e)(4) Portable space heaters prohibited
 - (e)(5) Walls/ceilings/floors/rugs-clean/good repair
 - (e)(6) Rugs- not tripping/slipping hazard
 - (e)(7) Hot water/Steam pipes protected
 - (e)(7) Working phone on each level
 - (e)(7) Emergency numbers posted-adjacent to phones
 - (e)(7) Parents provided direct on site phone number
- 84. LIGHTING
 - (e)(8) All areas min. 1 foot candle of lighting
 - (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
 - (e)(9) Schl age only-lighting for comfort
 - (e)(9) Light fixtures shielded/shatter proof
 - (e)(10) Potentially hazardous substances, materials - labeled, inaccessible
 - (e)(11) Garbage/rubbish-disposed of daily, container in good repair
 - (e)(12) Stairs-protected/good repair-handrails
 - (e)(13) Toxic plants/materials inaccessible
 - (e)(14-15) Pets or other animals-in good health, written care plan including access to children
 - (e)(16) Prevention of vermin-openings screened
 - (e)(17) Radon test- Results: 0.3 N/A
 - (e)(17) Results posted-Date: 4-9-22 (Schls-N/A)
 - (e)(18) Carbon monoxide detector-each level N/A
 - (f)(1)(A) Program space-adequate-35 sq. ft. per child
 - (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
 - (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
 - (g)(3) Air conditioners, water heaters, fuse boxes inaccessible
 - (g)(4) Developmentally app equipment, materials
- 85. (e)(1)
- 86. (e)(3)
- 87. (e)(4)
- 88. (e)(5)
- 89. (e)(5)
- 90. (e)(6)
- 91. (e)(7)
- 92. (e)(7)
- 93. (e)(7)
- 94. (e)(7)
- 95. (e)(10)
- 96. (e)(11)
- 97. (e)(12)
- 98. (e)(13)
- 99. (e)(14-15)
- 100. (e)(16)
- 101. (e)(17)
- 102. (e)(18)
- 103. (f)(1)(A)
- 104. (g)(1)
- 105. (g)(2)
- 106. (g)(3)
- 107. (g)(4)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME Botany / YMCA Teen Center **LICENSE NUMBER** 15891 **DATE OF INSPECTION** 3-5-25

PHYSICAL PLANT 19a-79-7a cont.

UNDER THREE ENDORSEMENT 19a-79-10 cont.

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm
- 110. (j) OUTDOOR SPACE
- 111.
 - (h)(1) Adequate space- 75 sq. ft. per child
 - (h)(2) Shock absorbing surfaces-minimum 8"
 - (h)(3) Playground free from hazards
 - (h)(4) Nuts, bolts, screws-tight, covered/protected
 - (h)(5) Outside equipment anchored-anchors buried
 - (h)(6) New equip- cert playg. Inspection upon request
 - (h)(8) Drinking water available/accessible
 - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. OUTDOOR PROTECTED/FENCING
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
- 113.
 - (h)(7)(A) Fences installed to protect from hazards-4 ft
 - (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
 - (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A
- 114. WATER HAZARDS
 - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A
 - (i) Wading pools prohibited
 - (i) Hot tubs/spas/saunas-locked/inaccessible N/A

- 129. NA
 - (f)(1)
 - (f)(2)
 - (f)(3)
 - (f)(4)
- 130.
 - (g)(1)
 - (g)(1)
 - (g)(1)
 - (g)(2)
 - (g)(3)
 - (g)(4)
 - (g)(5)
 - (g)(6)
 - (g)(7)
 - (g)(8)
 - (h)(1)
 - (h)(1)
 - (h)(2)
 - (h)(2)
 - (i)(1)(2A-C)
 - 131.
 - 132.
 - 133.
 - 134.
 - 135.
 - 136.
 - (j)
 - (k)(1)
 - (k)(2)
 - (k)(3)
 - (k)(4)
 - (k)(5)
 - 137.
 - 138.
 - 139.

LINENS/CLOTHING
 Linens/emergency clothing available
 Linens washed weekly or as needed
 Linens/clothing stored individually
 Cribs/cots cleaned-linens changed when shared

SAFE SLEEP
 Under 12 mths placed on back for sleeping
 Crib-snug fitting mattress/tightly fitted sheet
 Alternate sleep position/equipment-medical documentation for medical reason on file
 Infants allowed to adopt other sleep positions
 No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
 No unapproved sleeping-car seats/swings/beds, etc.
 No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
 Observe/assess infants at least every 15 minutes
 Teething necklaces/bracelets, jewelry inaccessible
 Safe sleep policies posted/parents informed
 Infant toys-separate/washed/sanitized daily
 Toddler toys-washed/sanitized weekly
 No toys/objects less than 1 ¼ " diameter
 Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
 Health consultant visits/documentation

FEEDING
 Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 Written feeding schedule from parent-updated
 Unused formula/milk discarded after feedings
 Clean bottles/disposable bottles/appvd washing
 Baby food served from dish or whole jar
 Bottles labeled with child's name
 Outdoor spaced fenced-4 ft lic. after 1/1/25
 Outdoor equipment-developmentally appropriate for ages of the children
 Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. (a) EDUCATIONAL REQUIREMENTS
 - (1)-(11) Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
 - (b) Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)
- 120. (c)(4) Physical barriers- indoors/outdoors
- 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
- 122. (d)(2)(Ai-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)
- 123. (d)(2)(B) Washable cots
- 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
- 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
- 126. (d)(2)(E) Refrigerator and food prep facilities
- 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
- 128. DIAPERING
 - (e)(1) Diaper area: elevated/sturdy/safety rail
 - (e)(2) Diaper area: used only for this purpose, located in the program area
 - (e)(3) Diaper area: non-porous surface/good repair
 - (e)(4) Diaper area: washed/disinfected after use
 - (e)(5) Diaper area: disposable paper sheets
 - (e)(6)(9) Covered waste receptacle-removed daily
 - (e)(7) Handwashing-staff/children
 - (e)(8) Diapering-Handwashing policies-posted/followed
 - (e)(10)(A-C) Cloth diapers-written plan developed

- SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N**
- 140. (b) Approved Schl Age Endorsement
 - 141. SCHEDULE - ACTIVITIES
 - (c) Written daily program plan-flexible schedule-available to staff/parents
 - (c)(1) Activities not a duplication of child's day
 - (c)(2) Activities include cognitive, physical, social, emotional needs of the children
 - (c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
 - 142. (d) Ratio- 1:15
 - 143. (e) Group size- max. 30
 - 144. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
 - 145. (f) Head teacher approved- 60%
 - 146. (g)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME		Rotary/YMCA Teen Center		LICENSE NUMBER		15891		DATE OF INSPECTION		3.5.25	
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N						MONITORING OF DIABETES 19a-79-13 Y/N					
<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures	STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily			
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	172.	(b)(1)(A)					
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/>		(b)(1)(B)					
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/>		(i)-(iii)					
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>		(b)(2)					
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/>		(b)(3)					
<input type="checkbox"/>	153.		SLEEP PROVISIONS	<input checked="" type="checkbox"/>		(c)(2)					
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/>	173.	(c)(3)					
<input type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/>	174.	(d)(1)					
<input type="checkbox"/>		(b)(6)(B)	Required bedding	<input checked="" type="checkbox"/>	175.	(d)(2)					
<input type="checkbox"/>		(b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/>	176.	(d)(3)					
<input type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>	177.	(e)(1)					
<input type="checkbox"/>		(b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/>	178.	(e)(2)					
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/>	179.	(e)(3)					
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified								
<input type="checkbox"/>	156.	(b)(10)	Local health approval								

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N **ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes	<input checked="" type="checkbox"/>	NA		Plan conditions N/A

DISCUSSIONS - COMMENTS

<input checked="" type="checkbox"/>	159.	(a)(2)	Admin/Parent permission/report errors	- reviewed new regs - provided copy of updated policy review checklist including changes effective 10/16/24. Program to ensure policies are updated to be in compliance.			
<input checked="" type="checkbox"/>		(a)(3)(A-B)	Labeling and Storage				
<input checked="" type="checkbox"/>		(a)(3)(C)	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>	160.		MEDICATION TRAINING				
<input checked="" type="checkbox"/>		(b)(1)(A/C)	Medication training-general-oral/top/inhalant				
<input checked="" type="checkbox"/>		(b)(1)(D)	Injectable premeasured autoinjector medication				
<input checked="" type="checkbox"/>		(b)(1)(E)	Rectal medication				
<input checked="" type="checkbox"/>		(b)(1)(F)	Injectable other than premeasured auto-injector				
<input checked="" type="checkbox"/>		(b)(2)(A-B)	Training approval documents/certificates				
<input checked="" type="checkbox"/>		(b)(2)(C)	Training outline on file				
<input checked="" type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Labeling and Storage				
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Emergency medication inaccessible				
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/>	168.	(b)(6)	Self-administration documentation				
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)	Petition for special medication authorization				
<input checked="" type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage N/A				

SIGNATURE OF OEC STAFF	Jennifer Schulz	SIGNATURE OF PERSON IN CHARGE	Catherine Librado
PRINTED NAME	Jen Schulz	PRINTED NAME	Catherine Librado

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov		Inspection shall be posted or available for review upon request.	Written Corrective Action Plan Due by: 3-19-25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rotary / YMC+ Teen Center License # 15891 Date: 3.5.25

Observations/Corrections needed:

35 (1)(2)(A-H) Observed health, Education and social Services consultant agreements to not include required services in accordance with regulations adopted 10/16/24

40 Observed 2 medications for one child, without care plan(s) on site.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jennifer Sen-Schulz
(OEC Representative)
Print Name: Jen Schulz

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3-19-25

Signature: Catherine Librado
(Person in Charge)
Print Name: Catherine Librado